

Order Number: \_\_\_\_\_



## United States Bankruptcy Court Central District of California



### Audio Recording of Court Proceedings Order Form

**Ordering Party: Name, Address, and Telephone Number**

Name Noreen Madoyan, Esq.  
Firm United States Trustee  
Address 915 Wilshire Blvd., Suite 1850  
City, State, Zip Los Angeles, CA 90017  
Phone (202) 934-4064  
Person to Contact Patti Brundige

Case/Debtor Name: Crestllyod, LLC

Case Number: 21-18205 Chapter No: 11

☒ Bankruptcy ☐ Adversary

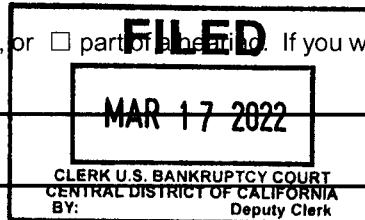
Presiding Judge: Saltzman

**Hearing Information:** (A separate form must be completed for **each** hearing date requested)

Date of Hearing: 3/11/22 Time of Hearing: 1:00pm Calendar Matter Number: 1  
(Use one form for each hearing date.)

Do you want a recording of the ☒ entire hearing ☐ ruling, or ☐ part of a hearing. If you want a recording of only part of the hearing, please indicate which part below:

Number of Copies Requested: 1



**Format:** Please select desired format.

- ☐ **CD - FTR Gold format** requires *TheRecord Player™* available as a free download from [www.fortherecord.com](http://www.fortherecord.com).
- ☒ **CD - Windows Audio format** will play using standard software installed on most computers.
- ☐ **CD - MP3 format** can be played on most CD-R and CD-RW MP3 compatible players. **MP3 is the only format which is compatible with Apple/Macintosh ("Mac") computers.**

**Cost**

The cost for one compact disc (CD) or one cassette tape is \$30.00. A deposit of \$30.00 is required for each hearing date before an audio request may be processed. Audio requests are ordinarily completed within two business days from receipt of the deposit. The ordering party will be notified by telephone when the audio request is ready. If additional fees are required, the ordering party will be notified. Payment of additional fees is required prior to picking up the completed order.

**Signature of Ordering Party:**

\_\_\_\_\_  
Date: 3/17/22  
By signing, I certify that I will pay all charges upon completion of the audio recording request.

**Pick-up Verification: Date:**

# Media Duplicated \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Order Received	Date	By	Deposit Paid	
Deposit Paid			Total Charges	
Audio Duplicated			Less Deposit	
Party Notified to Pick-up			Total Due	

**Cashier Verification:**

Receipt Number \_\_\_\_\_

Stamp \_\_\_\_\_

(Seal)